

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Civil Action No. _____

_____,

Plaintiff(s)/Petitioner(s),

v.

_____,

Defendant(s)/Respondent(s).

**MOTION AND AFFIDAVIT FOR LEAVE TO PROCEED ON APPEAL
PURSUANT TO 28 U.S.C. § 1915 AND FED. R. APP. P. 24**

I request leave to commence this appeal without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915 and Fed. R. App. P. 24. I also request that the United States pay for a transcript of the record of proceedings, if any, for inclusion in the record on appeal. In support of my requests, I submit the accompanying affidavit and declare that:

- (1) I am unable to pay such fees or give security therefor.
- (2) The issues I desire to raise on appeal are:

- (3) I am entitled to redress.
- (4) I take this appeal in good faith.
- (5) The appeal is not frivolous and presents a substantial question.

I swear that the responses which I have made to the questions and instructions below relating to my ability to pay the cost of prosecuting the appeal are true.

MARITAL STATUS AND DEPENDENTS

Single ____ Married ____ Separated ____ Divorced ____

The following individuals are my dependents (Identify minor children by their initials only. Do not include their date of birth.):

Name	_____	Age	_____	Relationship	_____
Name	_____	Age	_____	Relationship	_____
Name	_____	Age	_____	Relationship	_____
Name	_____	Age	_____	Relationship	_____

RESIDENCE

Street Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

EDUCATION

What is the highest level of formal education you have received: _____

I can speak, read, write, and understand the English language: Yes ____ No ____

EMPLOYMENTIf employed at present, complete the following:

Name of employer: _____

Address of employer: _____

Telephone number of employer: _____

How long have you been employed by present employer: _____

Income: Monthly \$ _____ Weekly \$ _____

If self-employed, state your net income: Monthly \$ _____ Weekly \$ _____

What is the nature of your self-employment? _____

If unemployed at present, complete the following:

I have been unemployed since: _____

Name of last employer: _____

Address of last employer: _____

Telephone number of last employer: _____

Salary or hourly wage received from last employer: \$ _____

If spouse is employed, complete the following:

Name of employer: _____

How long has spouse been employed by present employer: _____

Income: Monthly \$ _____ Weekly \$ _____

If receiving public assistance (e.g., welfare, unemployment benefits), complete the following:

I have been receiving public assistance since: _____

Monthly benefits: \$ _____ Weekly benefits: \$ _____

REAL AND PERSONAL PROPERTY**Real property:**

Do you own real property? Yes _____ No _____

If yes, describe: _____

Address: _____

Name(s) on title: _____

Estimated value: \$ _____ Amount owed: \$ _____

Annual income from real property: \$ _____

Personal property:

Automobile: Make: _____ Model: _____ Year: _____

Name(s) on registration: _____

Estimated value: \$ _____ Amount owed: \$ _____

Cash on hand:

Total amount of cash in banks and savings and loan associations: \$ _____

Names and addresses of banks and associations: _____

Other information pertinent to financial status: (Include stocks, bonds, savings bonds, interests in trusts either owned or jointly owned):

FINANCIAL OBLIGATIONS:

Rent on house or apartment:

Mortgage on house:

Gas bill:

Electric bill:

Telephone bill:

Food:

Clothing:

Automobile loan:

Automobile insurance:

Other insurance:

Payments to retail merchants:

Total owed: _____

Payments on any other outstanding
loans or debts:

Total owed: _____

Payments to doctors, hospitals, lawyers:

Total owed: _____

Maintenance under separation
or dissolution agreement:**MONTHLY PAYMENT:**

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Child support: \$ _____

Other Payments:

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Total monthly payments: \$ _____

Signature

Name

Street Address

City State Zip Code

Telephone Number

Date: _____

Signature of Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ day of _____, 20____

Notary Public

Address

My commission expires: _____